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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,627	02/20/2002	Greg Volgas	HCC-12 (306*203)	1948

7590 08/18/2004
Connolly, Bove, Lodge & Hutz, LLP
P.O. Box 2207
Wilmington, DE 19899-2207

EXAMINER

CLARDY, S

ART UNIT	PAPER NUMBER
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1616

DATE MAILED: 08/18/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary

Application No.

10/081,627

Applicant(s)

VOLGAS ET AL.

Examiner

S. Mark Clardy

Art Unit

1616

All participants (applicant, applicant's representative, PTO personnel):

(1) S. Mark Clardy.

(3) Greg Volgas.

(2) Ashley Pezzner (Att).

(4) Johnny Roberts.

Date of Interview: 17 August 2004.

Type: a) ☐ Telephonic b) ☐ Video Conference

c) ☒ Personal [copy given to: 1) ☐ applicant 2) ☒ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: _____.

Claim(s) discussed: 1.

Identification of prior art discussed: Roberts.

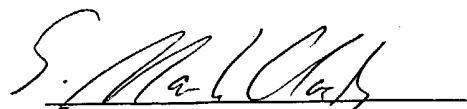
Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicants will correct the "comprising of" language in claim 1, and amend the claims to have no phosphate ester present.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


Examiner's signature, if required